N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN S. No. 1.

PLACE OF BEATH 437	CERTIFICATE OF DEATH
County Marks	Registration Dist, No. 194
Village or City Ussue (No. 3)	St; Ward)  [If death occurred a hospital or Institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED,  MISSWED,  ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH OA, 1877	that I last saw h alive on Jan. 13 7, 1913
7 AGE (Month) (Day) (Year) 7 AGE   If LESS than   day,hrs.   ds.   ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION  (a) Trade, profession, or particular kind of work housewife  (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos. /8 ds
9 BIRTHPLACE (State or country) Charles Co	Contributory (Secondary)
11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAME OF MOTHER  11 BIRTHPLACE OF FATHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  1	(Signed), M. D  (Signed), M. D  (Signed), M. D  (Signed), M. D  (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Charles Co	1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Suttler	Where was disease contracted, if not at place ot death?  Former or usual residence
15 Filed Jay 15 1913 A. a. Negle	19 PLACE OF BURIAL OR REMOVAL TOPATE OF BURIAL  OF NICK Outholic Com Jan 1913.  20 UNDERTAKER ADDRESS AL
If more blanks are needed, address State Registrar, 6	D Franklin St. Pales Barrellow V. C. V.

iApproved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Gracery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

such, if impossible to determine definitely. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senite," etc.), "Dropsy," "Exhaustion," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can Examples: For vio

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. e carefully supplied. AGE should be si so that it may be properly classified. UNFADING INK-THIS IS AGE See Instructions on back of PLAINLY, WITH Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back or

436 1 PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 104

'	FULL NAME CONSON	St; Ward)  St; Ward)  a hospital or institution, give its NAME Instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	rail Glack Single, Single  Mail Black Warnington  Write the word)	18 DATE OF DEATH 2 , 1913  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 D	2 (Month) — (Day) — (Year)	that I last saw h alive on
7 A	GE   If LESS than 1 day, hrs. 2 mos. ds. OR min.?	and that death occurred on the date stated above, at
(a pa (b) bus wh	CCUPATION  1) Trade, profession, or articular kind of work	Contributory (Secondary)
NTS	10 NAME OF Jinsy Clarks  11 BIRTHPLACE OF FATHER (State or country) Charles Co	(Signed) N. H. M. D.  , 191. (Address) Journal of the M. D.  *State the DISEASE CAUSING DEATH, or, in deaths from Violent
PARE	13 BIRTHPLACE OF MOTHER CSTAte Or COUNTY) Charles To	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
14-	(informant) Auson Bell	Where was disease contracted, The If not at place of death? Former or usual residence
15 Fi	(Address) Rock Dink,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  20 UNDERTAKER  ADDRESS  ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

No. 1. 02

B ż

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. unaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Gercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can State cause\_for Examples:

See instructions on back of

important.

PLACE OF DEATH	438	STATE OF MARYLAND
County To harles	- 6	CERTIFICATE OF DEATH
0	0 10	Registration Dist, No. 104
Village or City.	2 Comos Tu	St.; Ward)  [It death necess a hospital or lost give its NAME in of street and numb
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
*SEX COLOR OR RACE  Male Black	MARRIED. Mannis WHOOWED, ORDINATED (Write the word)	18 DATE OF DEATH (Month) (Day) (Yea
6 DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended deceased i
(Month)	(Day) (Year)	that I last saw halive on
7 Z vrs. — m	1 day,hrs.  1 day,hrs.  1 day,hrs.	and that death occurred on the date stated above, at
8 OCCUPATION  (a) Frade, prefession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or emplayer)  9 BIRTHPLACE  (State or country)		ho make of brokeder am late that the party died from hate Cauce (Ouration) yrs. mos Contributory hemarchese (tuber culous) (Secondary)
O 10 NAME OF FATHER THOMAS HE  10 NAME OF THOMAS HE  11 BIRTHPLACE OFFATHER (State or country) Not /7  12 MAIDEN NAME OF MOTHER  OF MOTHER  W	my Day	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country)	of MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIES OR RECENT RESIDENTS)  At place in the nt death yrs, mos, ds. State yrs, mos, where was disease contracted, it not at place of death? Former or
(Address) Popes 64	mk, ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Copper Country August Manuel S., 191  20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman," (4)

Statement of cause of death.—Name, first, the disease causing death.—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

childbirth or miscarriage, as "Purperal scottchaecause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Never report Examples:

	1 PLACE OF DEATH	439			TATE OF MARY	
Gou	M. C. Market	ul.	20		Registration Dist.	
Vil	2FULL NAME	vian	Syl	wish De	St.; Ward)	[If death occurred li a hospital or institution give its NAME instear of street and number.]
	PERSONAL AND STATISTIC	AL PARTICULA	RS	MEDICA	L CERTIFICATE OF D	EATH
3 SEX	**COLOR OR RACE	S SINGLE,  MARRIED,  WINDOWSDY  OF DIVORCED  (Write the word	ingle	16 DATE OF DEATH	(Month)	20, 1913 (Day) (Year)
6 DAT	TE OF BIRTH	/5- (Day)	, 19/3(Year)	Jan. 19 11.	1913, to furn	ended deceased from 2 2 2 2 2 2 191.3
7 AGE		mos. Sds.	If LESS than t day,hrs.	and that death occurred The CAUSE OF DEATH		ove, at Z A, m
(a) To partio (b) G busine which	cupation rade, profession, or cular kind of work eneral nature of industry, ss, or establishment in employed (or employer)				Curation)	rs. mos / ds.
9 BIR (Sta	te or country) Church	, li	7	Contributory (Secondary)	(Duration)	vrs. mas de
ENTS	11 BIRTHPLACE OF FATHER (State or country)  2 MAIDEN NAME OF MOTHER	den de	f - 00	(Signed)	(Address) A A Causing Death, or, in the ANS OF INJURY: and	Jail M. D.
0.	3 BIRTHPLACE OF MOTHER (State or country)	rls c	abbon	18 LENGTH OF RESIDE OR RECENT RESIDENTS At place of death yrs	In the s ds. State	TITUTIONS, TRANSIENTS, YES,
	e ABOVE IS TRUE TO THE BES	T OF MY KNOW!	LEDGE	Where was disease contracted if not at place of death?  Former or usual residence		
15 Filed	1 Soft 7	a. Maria	REGISTRAR Podd ton 8	20 UNDERTAKER S	solia Comenty	ODRESS
	14 more manas are need	di address oute	negis trar, 6	E. Franklin St., Balto., Re	equesting V. S. No. 1.	

[Approved by U. S. Census and American Public Usaith Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very Important, so that the relative Wealthfulmine, etc. (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," If the occupation has Farmer or Planter, For persons (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purrereal scottchae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulzions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head (name origin; "Can-Examples:

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP important. See instructions on back of certificate.
A PERMANE	stated EXACT
THIS IS	E should be berly classifie
DING INK-	supplied. Ac
VITH UNFA	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it mafmportant. See instructions on back of certificate.
LAINLY, V	rmation shoul in plain terr ructions on b
WRITE F	Item of Information o
WRITE PI	N. B.—Every CAUSI

S should state ATION Is very

440 1 PLACE OF DEATH County Charles

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No ...

Willage or City Gross Mondo (No. 1900)	St; Ward)  [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  female  Black, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH AUGUSTY 20 1913 (Month) (Day) (Year)  17 I HEREBY CERTIFY. That I attended deceased from
TAGE  S DATE OF BIRTH  Jan 20  (Month) (Day) (Year)  TAGE  18 LESS than	that I last saw in fault allve on 20 the face, 1913 and that death occurred on the date stated above, at 9 am,
B OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:  Infant Gold only a few hours  After british the original of the original
9 BIRTHPLACE (State or country) Chas Co. Md  10 NAME OF FATHER Robert Diggs  11 BIRTHPLACE OF FATHER (State or country) Chas Co. Md.	Contributory. (Secondary)  (Duration) yrs mos ds.  (Signed) Specific N. D.  - State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Human Wanter	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the ot death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death?  Former or usual residence.
(Address) Gross Proads and  16 Filed Jan 20, 1913 ha Wright REGISTRAR  If more blanks are needed, address State Registrar	19 place of Burial or REMOVAL  Mount Hop & Church 26 , 1913.  20 UNDERTAKER  James Diggs Cours Roads  F, & E. Franklin St., Balton, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Groeery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dightheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nuus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can-State cause for Examples: FOI VIO-

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PLACE OF DEATH TY	STATE OF MARYLAND
County Thates	CERTIFICATE OF DEATH
Southly	Registered No. 183
61 Li Hora PA	
Village or City Chorlatto Hace And.	St; Ward) [If death occurred li
1	give Ite NAME Inctes
2 FULL NAME Jose ph chillar	Celle 6 of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
WIDOWED. deng-le	(Month) (Day) (Year)
Meale Carlie ORDIVORCED (Write the word)	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	July 12- 1912, to Jany 17- 1913.
Janeary 11, 1898	
(Month) (Day) (Year)	that I last aaw h alive on 7,1913
7 AGE If LESS than 1 day, hrs.	and that death occurred on the date stated above, at 2 a.m.
22 yrsmos. /8 ds. ormin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	
(a) Trade, profession, or bless an Paux	Villewoney Volume they
particular kind of work	
business, or establishment in	(Ouration) yrs. mos /0 ma
which employed (or employer)	Contributory Pathing Recember
9 BIRTHPLACE (State or country) Rud,	(Secondary)
	(Ouration) yrs. 9 mos ds.
10 NAME OF James 7: Eitek.	(Signed) L.C. Carriso, M. D.
11 BIRTHPLACE	, 191 (Address) Pry autown, Wes
Z OFFATHER (State or country) Red,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Tlauche Carrier	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	At place in the
OF MOTHER (State or country) Ned,	of death yrs. mos. ds. State yrs. mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) James 1. Calago	Former or
Le com star de	Usual residence
(Address) Chartest Had, Med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	Mary Church Jan 19 ,1813
Filed	20 UNDERTAKER ADDRESS
REGISTRAR	Les Verbest Horohestre
of more blanks are needed, address State Regiatrar, 6 1	E. Franklin St., Balto., Requesting V. S. No. 1.

111

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (relired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinosis of lungs, meninges, peritonaeum, etc., Carcinosis

cause of death approved by Committee on Nomenclamus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) scpsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Puerperal perilonitis," etc. State cause for childbirth or miscarriage, as "Puerperal seplichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephrilin cer" is less definite; avoid use of "Tumor" for malig by carbolic acid—probably suicide. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For vio-

BINDING

RESERVED FOR

PLACE OF DEATH	STATE OF MARYLAND
County Charles 442	CERTIFICATE OF DEATH
County	Registered No.
Village or City Ja Pell (No.	St; Ward) [It death occurred in a hospital or institution,
FULL NAME To, Selma	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That 1 attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	Jan 15- 1913, to Jan 16, 1913, that I last saw h may alloe on Jan 16, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 11 P. m.
0 yrs. 3 mos. 43 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Respiratory + Cardiac
(a) Trade, protession, or	falilisef
particular kind of work(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
BIRTHPLACE (State or country)  Maon and	(Secondary)
10 NAME OF GEO. Selman James	(Signed) As Fellew, M.D.
OF FATHER	Jaw 17, 1913 (Address) Fa Plala,
(State or country)	CAUSES, State (1) MEANS OF INJURY: and (2) whether Accinum.
of MOTHER Ornie L. Willett	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORTE
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) Lavier W. Garner	Former or usual residence
i Address) Ta Plala, Ma.	X 1/W//
Filed Jana 17 181 5 1 + tamptim Eye	20 ONDERTAKER OF ADDRESS
If more blanks are needed, address State Registrar, 6	E. Franklin St. Ratio Requesting V. S. No. 1
which employed (or employer)  Pairthplace (State or country)  Maryland  Parther Geo. Selway Games  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  OF MOTHER  (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Address)  Filed Jana 7, 181.5 P. Hamphon Corp.  REGISTRAR	Contributory (Secondary)  (Duration)  (Signed)  (Signed)

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The Civil engineer, Stationary freman, etc. But in many material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasen); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronio interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Never report Examples:

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A FERMANENT RECORD

County Charles, 443	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 8/10/2
Village or City AMCASAD (No	St; Ward)  [If death occurred is a hospital or institution give its NAME lostea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH WITH WORD (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I sttended deceased from
(Month) (Day) (Year)	that I last saw h man alloc on for he 1915
7 AGE (1 LESS than 1 day, his. or min.?	and that death occurred on the date stated above, at 7300, m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in	(Duration) Yyrs, mas, ds
which employed (or employer)  BIRTHPLACE (State or country) Charles Co. PM.	Gontributory (Secondary)
10 NAME OF J. P. Gilray.	(Signed) Geo. O. Bickwell, M. D.
of Father (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of MOTHER Henrietta Jeyle	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Charles Co. My.	At place in the of death
Informant)	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) WELDINGSIG (PO)	Home buringground Jan 3. 1913.
Filed, 191 REGISTRAR	20 UNDERTAKER ADDRESS
if more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, an should be taken to report specifically the occupations duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the return "Laborer." As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

childbirth or miscarriage, as "Purrperal septicharetc., when a definite disease can be ascertained as the ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "Tuerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Ilcart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Mcasles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mails. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viooma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

PLACE OF DEATH 444	STATE OF MARYLAND
County Charles!	CERTIFICATE OF DEATH
	Registered No./S/
Village or City Pisgall, (No.	St; Ward) [if death occurre a hospital or institution of the state of
* FULL NAME Sydney Has	Neurs, of street and number
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Color or RACE Single, MARRIED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH  (Month)  (Nay)  (Year  17  1-HEREBY CERTIFY, That I attended deceased fr
6 DATE OF BIRTH  (Month) (Day) (Year)	nov 191 % to Jan 191
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12,307
B OCCUPATION (a) Trade, profession, or particular kind of work.  (b) Control solves of Industry	Conquital Heart Frouble.
(b) General nature of lodustry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Gontributory Julmonary Ordena, (Secondary)
10 NAME OF Walter Hawkins	(Signed) Geo. C. Bietrull , M.
11 BIRTHPLACE OF FATHER (State or country) Charles Co. And,  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violen CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS)  At place  In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Watter Huwkins	of death yrs. mos ds. State yrs, mos.  Where was disease contracted,  If not at place of death?  Former or  usual residence.
(Address) Pisgal Ind pron.	In place of Burial or REMOVAL DATE OF BURIAL Smith Chappell Sam, 191.
Filed Jary 13, 1913 Joes REGISTRAR	6 & Columbia Pas 1.2.
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control of the control o

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal scottehacetc., when a definite disease can be ascertained as the ture of the American Medical Association. injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds., affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for mailg cause of death approved by Committee on Nomencia "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: For vio-

PHYSICIANS RECORD of PERMANENT classi D HH properly AGE Z supplied. be O may carefully that it 80 terms, plain Information 2 ATH 0 0 Item OF Every Item CAUSE OF Important.

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#### CERTIFICATE OF DEATH County..... pinods OCCUPATION Registration Dist. No. / 15 .....Ward) <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE WIDOWED (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH that I last saw h alive on 191 (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at 1 day, .... hrs. The CAUSE OF DEATH \* was as follows OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) of back 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ...... yrs. ..... mos. ..... ds. State ...... yrs. ..... mos. .... ds Where was disease contracted. If not at place of death? See Former or usual residence .... 15 20 UNDERTAKER

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

1 PLACE OF DEATH

STATE OF MARYLAND

Ilf death occurred in

a hospital or Institution,

give its NAME instead of street and number. I

(Day)

DATE OF BURIAL

ADDRESS

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of iliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers fication. as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease Causing drath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichaeample: Meastes (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mailg. nant neoplasms); Mcasles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples: For vio-

YSICIANS should OCCUPATION IS PHYSICIANS RECORD of statement PERMANENT EXACTLY. stated classified. 4 should THIS properly AG NX supplied. UNFADING тау certificate ō WITH back terms, pinous PLAINLY of information s DEATH in plain See instructions in plain Item OF Every Item CAUSE OF Important.

state Very

1 PLACE OF DEATH County <sup>2</sup>FULL NAME PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE, 0: 4 COLOR OR RACE 3 SEX -MARRIED. -WIDOWED. (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) if LESS than 7 AGE 1 day,....hrs. 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or amployer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country 14 THE ABOVE IS TRUE TO THE BEST OF (informant)-----(Address) 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No. 4

St.;....Ward)

fif death occurred in a hospital or institution. give its NAME Instead

They:	ot street and number.]
MEDICAL CERTIFICATE OF DE	EATH
16 DATE OF DEATH	124
(Month)	(Day) (Year)
17 SHEREBY CERTIFY, That I att	
5/20ep, 1912, to /25	Qu., 1913,
that I last saw h. L.A. alive on	24, 1913
and that death occurred on the date stated abo	Ne at 8/86
The CAUSE OF DEATH* was as follows:	m,
	her enloseis
j	
there of (Duration)	rs. mos. ds.
Contributory Exhaustis	US.
(Secondary)	4
(Duration)	yrsds.
(Signed) to, Curry Lield	12246, M. D.
13/an, 1913. (Address) 1320 G	
*State the DISEASE CAUSING DEATH, or, in d CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL.	eaths from VIOLENT ) whether ACCIDEN-
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS	TITUTIONS, TRANSIENTS,
At place in the	UPO
Where was disease contracted,	yrs, mos ds
If not at place of death?	
Former or usual residence	***************************************
19 PLACE OF BURIAL OR REMOVAL D	ATE OF BURIAL
	cm 14,1813
00	DDRESS
Win. mahrone	icakuch

No. vô

00 ż

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. mine, etc. fication, as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purreman scotichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions," "Debility" ("Conscpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated nnless important. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of \_\_ The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Taemia," "Weakness," (name origin; "Can-State cause for Examples:

1 PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH 8 pinous OCCUPATION Registration Dist. No... Ilt death occurred lo PHYSICIANS St: Ward) a hospital or Institution. RECORD give its NAME lostead of street and number. ] 90 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement PERMANENT 16 DATE OF DEATH 5 SINGLE. SEX 4 COLOR OR RACE WARRIED. WIDOWED, BINDING (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 6 DATE OF BIRTH classified. 4 (Month) (Day (Year) be 7 AGE If LESS than and that death occurred on the date stated above, at/0 1 day hrs. OR ..... mio. ? properly Munorta BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. supplied. pe ERV business, or establishment to (Duration) may which employed (or employer) -----Contributory. 9 BIRTHPLACE (State or country) (Secondary) carefully of that it certificat Œ 10 NAME OF FATHER 80 6 ARGIN WITH terms, on back 1913. (Address) Uf Whe 11 BIRTHPLACE OF FATHER (State or country) should PAREN \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL PLAINLY piain OF MOTHER instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) DEATH \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State ..... yrs. \_\_\_\_ ds. Where was disease contracted. It oot at place of death?. 50 usual residence 0 mportant. Every It DATE OF BURIAL 15 ADDRESS ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Deaier," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e.-g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUTEPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." Accidental drowning; Struck by railway train-acct "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory Aiways qualify ail diseases resulting from "Seniie," etc.), (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH should is PHYSICIANS show Registered No. [If death occurred in St :.. ...Ward) a hospital or institution. RECORD give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED. WIDOWED, (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 10,00 Liam. should 1 day hrs. OR ..... min. ? ds. BOCCUPATION (a) Trade, profession, or perticular kind of work... (b) General nature of Industry, business, or establishment in supplie O (Duration) may which employed (or employer) ..... DIN 9 BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER pia 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Informati 13 BIRTHPLACE = At place In the OF MOTHER of death ...... yrs. ..... mos. ..... ds. (State or country) State ..... yrs. ..... mos. .... DEATH Where was disease contracted. NRITE if not at piece of death?-50 Former or usual residence. Every Item CAUSE OF Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS m REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN

m2

N. B.-

PLACE OF DEATH

County Charles		0)	CATE OF tration Dist.	110
Village or City Mear La Plata  2 FULL NAME Lanne	(No,	St;	Ward)	[It death occurred I a hospital or Institution give its NAME lostea of street and oumber.]
PERSONAL AND STATISTICAL PARTI	CULARS	MEDICAL CERT	IFICATE OF D	EATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVERCE (Write the	ED		(Month)	(Day), 1913 (Day) (Year)
6 DATE OF BIRTH  # 4  (Month) (De	7 (Year)	that I last saw harmalive on.	to Jan	284 1913
7 AGE 5 6 yrs. // mos. 25	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the The CAUSE OF DEATH* was as		ove, at 4 Pm
8 OCCUPATION (a) Frade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in		Jalatot óm	The acco	about 74
which employed (or employer) Harm  BIRTHPLACE (State or country) Prince George	0 1	(Secondary)	Deration)	rs mos 4 ds.
on 11 BIRTHPLACE	murfly	(Signed) Thro		vaca, N.O.
(State or country) Frederich to	Dixon	*State the DISEASE CAUSING CAUSES, State (1) MEANS OF I TAL, SUICIDAL, OF HOMICIDAL.	NJURY; and (2	) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Prince Leve	re led., Ind	At place of death yrs do Where was disease contracted,	In the s. State	yrs,ds.
(Informant) Mary ne Rawle	0 0	Former or usual residence	***********	
(Address) Drung Hill, 16 Filed Feb. 1913 Re Hamy	btss Cop	20 UNDERTAKER	- Fe	DDRESS
If more blanks are needed, add	-	r, 6 E. Franklin St., Balto., Reques	sting V. S. No.	1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

fication, as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, many occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salcsman, "Laborer," As examples: For persons "Foreman," (%)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonacum, etc.. Carcin-

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S. No. 1.

N.B.

RECORD PERMANENT 4 UNFADING INK-THIS IS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very should be stated EXACTLY. properly classified. AGE oarefully supplied.
to that it may be professional continuation. See instructions on back of WRITE PLAINLY, WITH -Every Item of Information CAUSE OF DEATH In pial Important.

	PLACE	QF	DEATH
	1	0	A
County	10 1	la	rles

450



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

St.: .....Ward) [If death occurred to a hospital or Institution, give its NAME Instead

	FULL NAME SELEC	Low of street and number.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3s	4 COLOR OR RACE SAINGLE, MARRIED, WIDOWED, ORDIVERCED ORDIVERCED ORDIVERCED	(Month) (Day) (Year)  17 J HEREBY CERTIFY. That I attended deceased from
6 0	DATE OF BIRTH  (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from 191, 191, 191
7 A	If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
pa (b) bus wh	1) Frade, profession, or articular kind of work.  ) General nature of industry, siness, or establishment to inche employer (or employer)  INTHPLACE State or country)    10 NAME OF   O   O   O   O	Contributory Mos Mullerson S. C., (Secondary)  (Deration) May Last do for Market
ARENTS	11 BIRTHPLACE OFFATHER (State or country) Charles County  12 MAIDEN NAME	(Signed), 19t
14-	13 BIRTHPLACE OF MOTHER (State or country) & Learles Country THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) COUNTRY COUNTRY	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place   lu the   of death
15	(Address) Haldorf Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Short Eng Cruzling 129, 1913

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as duties of the household only (not pald Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the despect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereu-bosis of lungs, meninges, peritonacum, etc.. Carcin-

scpsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronia zer" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; "Exhaustion," Examples: For vio-

V. B. No. 1.

PLACE OF DEATH 401	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registered No. 182
Village or City CrossRoads (No	St.; Ward)  [It death occ a hospital or ins give its NAME of street and not
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 CEY 4 COLOR OR PACE 5 SINGLE,	16 DATE OF DEATH
Temale White (Write the word)	(Month) (Day) (Ye
6 DATE OF BIRTH Copril 11 1830	DEC 25 , 19121, to fau 5th , 11
(Month) (Day) (Year)	that I last saw h la alive on Attu 5 ,11
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 12,30
Sel yrs. 9 mos. 2 ds. Or min.?	The GAUSE OF DEATH* was as follows:
(a) Trade, protession, or House Kuking at Home particular kind of work.	by Precimonia with Imp
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos /e
9 BIRTHPLACE (State or country)	(Secondary) (Dyration) vys mos
10 NAME OF JAN Janes Hawel	(Signed) Luw 26 Speake,
O TI DIDTHOLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOL CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCI.
Z (State or country)  12 MAIDEN NAME OF MOTHER Sendith Ann Terru	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Harvey Trice	Former or
(Address) Cross Roads	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
Files Lang, 1913	20 UN DEREAKER & M ADDRESS
REGISTRAR	Selland Chompson Doneas

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the For persons

Statement of cause of death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Puraperal septichaegenltal," "Senlle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 da., cer" is less definite; avoid use of "Tumor" for maligby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) State cause for Examples:

RECORD statement RMANENT classified. properly pe may terms. piain ATH P D item OF

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) it LESS than 7 AGE and that death occurred on the date stated above, at.... 1 day, .....hrs. The CAUSE OF DEATH \* was as lollows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory (Secondary) certifica (State or country) (Duration) 10 NAME OF (Signed) FATHER ŏ (Address) ... back 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER State ..... yrs. \_\_\_\_ mos. of death ...... yrs. ..... mos. ..... ds. Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death? usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the husiness or industry; and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can he known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railioay train-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildhirth or miscarriage, as "Purerbeal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not he stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) "Old Age," "Shock." 'Traemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can death), 29 ds.: State cause for Never report Examples: 10

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County Mules	CERTIFICATE OF DEATH Registration Dist. No. 13
Village or City Talkur (No	St.; Ward)  St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenuelt Acolor OBRACE Single, Married, Willowed, Willowed, Willowed, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH  (Month)  (Day)  (Year)	
7 AGE  If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	(Ouration) yrs. mos / ds.
which amployed (or employer)  BIRTHPLACE (State or country)  Clear lus C.	(Secondary)  (Ouration)  (Ouration)  (Dyration)  (Dyration)
10 NAME OF GEORGE Crocker.  11 BIRTHPLACE	(Signed) , M. D.
OF FATHER (State or country) Closes Cus	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Of Europe State of Country) Oless. Cu-	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
(Informant) LEAR SE CALLETO	Where was disease contracted, If not at place of death? Former or usual residence
Filed Jun 30 1917 Charles At Ruby	St Thomas Carles Date of BURIAL 1913
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

453

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But ln many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative licalthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (b)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purrerral septichacinjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMECIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary). 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart discase; Ohronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Uraemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Never report

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STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH 00 should OCCUPATION Registered No Ilt death occurred in PHYSICIANS .Ward) (No. a hospital or Institution. give Its NAME Instead of street and number. 1 of PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Exact statement 16 DATE OF DEATH 5 SINGLE, 3 SFX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from stated 6 DATE OF BIRTH classified. (Day) (Year) (Month) be 7 AGE If LESS than and that death occurred on the date stated above, at pinoda 1 day, .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? properly BOCCUPATION AGI (a) Trade, profession, or particular kind of work. supplied. (b) General nature of Industry. pe business, or establishment in (Duration) may which employed (or employer) Contributory certificate. 9 BIRTHPLACE (State or country) (Secondary) carefully so that it i (Doration) 10 NAME OF FATHER (Signed) 80 terms, on back 11 BIRTHPLACE ENT OF FATHER (State or country) should \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-00 ARI 12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE EATH In At place In the OF MOTHER (State or country ot death ...... yrs. .... mos. ... State Where was disease contracted. If not at place of death? ... of DE Former or Every item CAUSE OF usual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS 8 REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as mine, etc. statement. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinoscipality (Control of the control of t

such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is icss definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlie." etc.), "Dropsy," (Recommendations on statement of (name origin: "Candeath), 29 "Exhaustion," Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly classified. Exset statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING W. S. No. 1.

PLACE OF DEATH 455 17	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Barry CO. (No	Registration Dist. No. [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nals Phile Single, Married, Andrews, Wishows, Wishows, Wishows, Wishows, Wishows, Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h alive on
7 AGE It LESS than 1 day,hre. ORmin.?	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work  (b) General nature of industry, business, or establishment to which employed (or employer)	(Buration) f yrs mos ds.
State or country) Charles County	(Secondary)  (Deration)  (Deration)  (Deration)
TATHER Olliz Smilen  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER  12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Charles County  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds, State yrs, mos ds.  Where was disease contracted,
(Informant) John Camp	if not at place of death?  Former or usual residence.
15 Filed / 9 1913 TM Walkerson REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  ACCORDANCE CONTRACTOR 191.3  20 UNDERTAKER  ADDRESS  Ra Place
	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. material worked on may form part of the second applies to each and every person, irrespective of agewho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purpresal septichaeinjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronio ter" is less definite; avoid use of "Tumor" for mailsoma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Examples: For VIO-

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### STATE OF MARYLAND CERTIFICATE OF DEATH

(If death occurred in a hospital or institution. give its NAME instead of street and number. 1

Registered No .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX MARRIED. WIDOWED, ORDIVORCED (Month) rite the word) I HEREBY CERTIFY. That I sttended decessed from (Day) (Year) (Month) If LESS than 7 AGE and that death occurred on the date stated above 1 day hrs. was as follows: min. ? BOCCUPATION (a) Trade, pretession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER State ..... yrs, ..... ...... yrs, ...... mos, ...... ds. (State or country Where was disease contracted, It not at place of death?. usual residence DATE OF BURIAL (Address

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if more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the DISTABLE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-losis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puenpenal septichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. valvular heart discase; Ohronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-The nature of the Never report d8.; 01

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  MEDICAL CERTIFICATE OF DEATH  WHOW WOO WOOD, OR DIVORCED OF DIFFTH  TAGE  If LESS than 1 day, hrs.  OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  TO NAME OF FATHER  CITY OF MOTHER  (Signed)  11 BIRTHPLACE OF MOTHER  OF MOTHER  TO NAME OF FATHER  CACOBES, state (1) MEANS OF INJURY; and 2 (2) whether Accil Tal, Spiritular, or Hoading and 10 milesent residence. Transit Of MOTHER  To MARIELD, MARIELD, MARRIELD, MISSION (Month) (Day) (Tear)  TO DATE OF DEATH  T	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 8
ACOLOR OR RACE    Seingle, Marrield, Mould Calored North Calored North Calored North Calored North (Month) (Day) (Year)   Date of Birth	St.; Ward)  [If death occorred in a hospital or lostitution, give its NAME Instead of street and oumber.]
MARIED  MARRIED  MONOTOR  MONO	MEDICAL CERTIFICATE OF DEATH
The CAUSE OF DEATH was as follows:    Coccupation	HEREBY GERTIFY, That I attended deceased from 1913, 1912 to 1913.
(a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  PEIRTMPLACE (State or country)  10 NAME OF FATHER  11 BIRTMPLACE (State or country)  12 MAIDEN NAME OF (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTMPLACE OF MOTHER  13 BIRTMPLACE OF MOTHER  14 DISPASSE CAUSING DEATH, or, in deaths from Violation of Mother Accidence of Mother (2) whether Accidence of Mother (2) whether Accidence of Mother (2) whether Accidence of Mother (3) BIRTMPLACE (4) MEANS OF INJURY; and (2) whether Accidence of Mother (4) Means of Injury; and (5) Whether Accidence of Mother (4) Means of Injury; and (6) Whether Accidence of Mother (6) Means of Injury; and (7) Whether Accidence of Mother (7) Means of Injury; and (8) Whether Accidence of Mother (7) Means of Injury; and (8) Whether Accidence of Mother (8) Means of Injury; and (9) Whether Accidence of Mother (9) Means of Injury; and (1) Whether Accidence of Mother (1) Means of Injury; and (1) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (1) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (1) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (1) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (2) Whether Accidence of Mother (1) Means of Injury; and (2) Whether (1) Means of Injury; and (3) Whether (1) Means of Injury; and (4) Wheth	
(Signed)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER  OTHER  OF MOTHER  OF MOTHER  OTHER	tributory Cardiac asthruis
13 BIRTHPLACE OF MOTHER  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)  At place  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSI OR RECENT RESIDENTS)	7 D Chaptelron M. D. 28, 1912 (Address) Hughinth me
(State or country) (State yrs ds. State yrs mos.	IS, STATE (1) AMEANS OF INJURY; and (2) Whether ACCIDENSUICIDAL, OF HOMICIDAL.  GTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, ECENT RESIDENTS)    10 the
interment). Base Solice To the Best of MY KNOWLEDGE  Where was disease contracted, If oot at place of death?  Former or usual residence	s disease contracted, place of death?
(Address) A G STATE OF BURIAL	ERTAKER, PAUL 29, 1813  ADDRESS  Aug Limille

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman, "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Form laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative acalthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the return "Laborer," If the occupation has Farmer or Planter, As examples: For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonacum, etc.. Carcin-

childbirth or miscarriage, as "Pureperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_\_ ture of the American Medical Association.) "Contributory." The contributory tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Never report Examples:

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### STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

$\mathcal{D}_{\mathcal{A}}$	Registration Dist. No.
Village or City Mc Conchia (No	St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make Black Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month) (Day (Year)
6 DATE OF BIRTH  A  20  (Month)  (Day  (Wear)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 AGE   If LESS than 1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	no Doctor allending  (Duration) yrs mos d  Contributory  Secondary
10 NAME OF FATHER John Warren  11 BIRTHPLACE OF FATHER (State or country) Class Co Md  W OF MOTHER Una Milburn	(Signed) (Si
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  (Address)  (Address)  (Address)	At place in the of death yrs. mos. ds. State yrs. mos. d. Where was disease contracted, if not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR DEATH OF BUR

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcasics (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cauis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report

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STATE OF MARYLAND 1 PLACE OF DEATH 459 CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.: Ward) a hospitat or institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED, widowed, Midour ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH ..... 191...... 191...... 191...... (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ......hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) vrs. mos. which employed (or employer) -----Contributory....(Secondary) State or country) 10 NAME OF FATHER ARENTS 10,1913 (Address) Mortown nus 11 BIRTHPLACE OF FATHER
(State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ ds. Where was disease contracted. If not at place of death? Former or osual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL \* and 10 , 191.3 15 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Charles Registered No./0/ Ilf death occurred in .. Ward) a hospital or Institution. give its NAME instead of street and number. I <sup>2</sup> FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWEO. (Month) ORDIVORCEO I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at..... 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE K OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted It not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

if more blanks are needed, address State Registrar, 6 E. Franklin St., Bgito., Requesting

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation hus who receive a definite salary), may be entered as mine, etc. naterial worked on may form part of the second statement. Never return "Laborer," "Foreman," it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nection is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: (d)

Statement of cause of death—Name, first, the disease caubing death—Name, first, the death caubing disease it in and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpernal septicharetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart alsease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic oma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuli, and consequences (e. g., which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Aiways qualify all diseases resulting from (Recommendations on statement of (name origin: "Can-Examples: For vio-